

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8406

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Pleasant View</u> c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Pleasant View</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>8 mi S.W. of Harrisonville</u>	

3. NAME OF DECEASED a. (First) <u>EBER</u> b. (Middle) <u>CHRISTOPHER</u> c. (Last) <u>SHORTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 11 1956</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Apr 30 1878</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Des Moines Iowa U.S.A</u>				12. CITIZEN OF WHAT COUNTRY			
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13a. FATHER'S NAME <u>Harvey David Shorts</u>				13b. MOTHER'S MAIDEN NAME <u>May Virginia Walters</u>				14. NAME OF HUSBAND OR WIFE <u>Anna May Shorts</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Ray Shorts, Colo Springs Colo Ark</u>					
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERALIZED PERITONITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PERFORATED PEPTIC ULCER</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS</u> <u>24 HRS</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5401</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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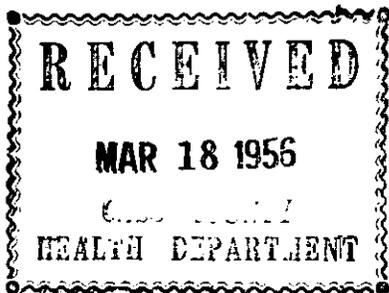
22. I hereby certify that I attended the deceased from 3-10-56 19, to 3-11-56, 19, that I last saw the deceased alive on 3-10-56 19, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Moody MD</u>		23b. ADDRESS <u>HARRISONVILLE MO.</u>		23c. DATE SIGNED <u>3-12-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Castle Rock Colo.</u>	
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DATE REC'D BY LOCAL REG. <u>March 11, 1956</u>		REGISTRAR'S SIGNATURE <u>Dora Barraud</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Remmenburg's Harrisonville Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 464

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.